PMH19

REDUCTION IN ER VISITS OF ADHD PATIENTS: EFFECT OF LONG AND SHORT-ACTING STIMULANTS

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OBJECTIVES: Emergency room (ER) visits are perceived with the high costs and unpredictable outcomes. Although the association between Attention Deficit Hyperactivity Disorder (ADHD), stimulants and ER visits has been studied; difference between the types of stimulants in terms of risk of ER visits have not been studied. Our objective is to identify the difference between the effects of long acting and short acting stimulant use in ADHD on ER visits in 18 to 35 year old adults (n=636) in the year 2011. **METHODS:** This retrospective secondary data analysis used the Medical Expenditure Panel Survey (MEPS) data for the year 2011. Univariate and Multivariate logistic regression were used to evaluate risk factors influencing type of stimulant use on ER visits. Risk factor and stimulant interactions were also included. **RESULTS:** The risk of ER visits in long acting stimulant users, among the uninsured, on adjusting for race, marital and insurance status, is 14.25 times (p=0.001) the risk of ER visits in short acting stimulant users. If they are insured, the risk of ER visits in long acting stimulant users is 1.83 times the risk of ER visits in short acting stimulant users (p=0.26). **CONCLUSIONS:** Long-acting stimulants combined with lack of insurance is a risk factor for increased ER visits. Our results support Affordable Care Act's efforts for the requirements of expansion on coverage in mental disorders to reach better healthcare outcome.

MENTAL HEALTH – Cost Studies

PMH20

REAL-WORLD BUDGET IMPACT ANALYSIS OF ATYPICAL LONG-ACTING ANTI-PSYCHOTICS IN FINLAND

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OBJECTIVES: The long-acting injectable aripiprazole once-monthly 400 mg (AOM 400) has been approved for treatment of schizophrenia in Finland since November 2013. Other atypical anti-psychotics, risperidone, paliperidone and olanzapine are also available as long-acting injectable formulations. A mixed treatment comparison has demonstrated that AOM 400 is at least as efficacious as other atypical long-acting anti-psychotics (ALAIs). However, cost of administration and drug (treatment cost) vary among the ALAIs. This analysis aims to investigate the total treatment costs of ALAIs using real-world data in Finland. **METHODS:** A one-year time horizon budget impact analysis was conducted to compare the treatment costs of ALAIs in Finland. The real-world doses were calculated using sales data. One of the ALAIs (olanzapine) can be given in intervals of 2 or 4 weeks using the 300 mg strength. Half of the patients were assumed treated with the 300 mg dose every 2 weeks, the other half every 4 weeks. Prices for ALAIs were obtained from the official national price list. The cost of administration for AOM 400, paliperidone-LAI and risperidone-LAI was based on the cost of a short nurse visit (30 minutes) to a psychiatry outpatient clinic. The cost of administration of olanzapine-LAI was based on the cost of a longer visit (120-180 minutes), as the product information recommends monitoring for three hours after injection. **RESULTS:** The expected cost for drug and administration per patient, per year, for AOM 400 is 5158 EUR. The expected yearly costs per patient for drug and administration for paliperidone-LAI, risperidone-LAI and olanzapine-LAI are 6021 EUR, 6706 EUR and 11646 EUR respectively. **CONCLUSIONS:** In a budget impact analysis, using the method, data and assumptions described, AOM 400 is expected to be cost saving, in the real-world setting, in terms of cost of drug and administration, compared to other ALAIs available in Finland.

PMH21

COMPARING THE HEALTHCARE UTILIZATION AND COSTS OF EARLY- AND LATE-STAGE ALZHEIMER'S DISEASE PATIENTS RESIDING IN LONG-TERM CARE FACILITIES

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OBJECTIVES: To compare healthcare utilization and costs between early- and late-stage Alzheimer's disease (AD) patients residing in long-term care (LTC) facilities. **METHODS:** Patients diagnosed with AD (International Classification of Diseases, 9th Revision, Clinical Modification [ICD-9-CM] code 331.0) were identified using U.S. Medicare claims linked with the Long-Term Care Minimum Data Set (MDS) from 01JULY2008 through 31DEC2010. The first diagnosis date was designated as the index date. Patients were required to be age ≥65 years, with continuous medical and pharmacy benefits for 6 months pre- and post-index date, and reside in an LTC facility. Patients were categorized as early- or late-stage. Late-stage AD was defined by a cognitive performance scale score ≥5 (range 0-6) and Activities of Daily Living short-form activities score ≥10 points. Patients with and without AD were matched based on demographic and clinical characteristics, and 1:1 propensity score matching was used to compare follow-up all-cause and AD-related healthcare costs and utilizations. **RESULTS:** Before matching, late-stage AD patients (n=5,323) were less likely to be white (83.0% vs. 86.4%), male (16.4% vs. 21.7%) and have comorbid conditions measured by the Charlson Comorbidity Index score (3.55 vs. 4.83, p<0.001) than early-stage AD patients (n=20,023). After 1:1 matching, 3,804 patients were matched from each cohort and baseline characteristics were balanced. Fewer late-stage AD patients had skilled nursing facility admissions (25.3% vs. 29.8%, p<0.0001), but more had hospice admissions (17.8% vs. 7.3%, p<0.0001) and pharmacy visits (85.8% vs. 81.9%, p<0.0001) than early-stage AD patients. There were no significant differences in total all-cause healthcare costs; however, late-stage AD patients incurred significantly higher disease-related total ($14,739 vs. $13,673, p=0.0242) and hospice costs ($4,157 vs. $1,553, p<0.0001) compared to early-stage AD patients. **CONCLUSIONS:** Patients with late-stage AD incurred higher disease-related costs than those with early-stage AD; however, there were no significant differences in total all-cause healthcare costs.

PMH22

COMPARATIVE ANALYSIS OF PRESCRIPTION UTILIZATION AND COSTS OF LURASIDONE AND ARIPIPRAZOLE: A PHARMACY-DATABASE STUDY

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OBJECTIVES: Pharmacy databases can yield important information about drug utilization and costs. This study sought to examine changes in prescription utilization and costs among atypical antipsychotic (AAP) subjects initiating lurasidone or aripiprazole therapy. **METHODS:** Adults filling lurasidone or aripiprazole prescriptions from 2/3/2011—6/30/2013 were identified in the Walgreens pharmacy-database. Treatment-naive monotherapy subjects (no AAP prescriptions before-and-after index prescription) with ≥12-months pre-/post-index continuous enrollment were eligible. Lurasidone subjects were compared to a 1:1 matched random sample of aripiprazole subjects. Baseline demographics and health-insurance status were compared between cohorts. Mental-health prescriptions (antianxiety agents, antidepressants, antipsychotics, psychotherapeutic, and neurologic agents) were identified using Generic Product Identifier for the National Drug Code numbers on pharmacy claims. Differences in mean changes (post-pre) in all-cause prescription fills all-cause prescription costs, mental-health prescription fills and mental-health costs were compared using t-tests. **RESULTS:** Each cohort included 4,595 subjects (lurasidone vs aripiprazole: 69.3% vs 72.2% female, mean ages 41.0 vs 43.4 years). Most subjects were commercially-insured (39.9% vs 48.6%), followed by State-Medicaid (24.4% vs 18.7%), Medicare-Part-D (22.8% vs 18.7%), and Managed-Medicaid (6.8% vs 5.6%). Lurasidone subjects had lower 30-day equivalent co-pays ($42.02 vs $56.63). Subjects were more likely to be prescribed lurasidone by psychiatrists (78.0% vs 57.3%) and less likely by general-practitioners (3.1% vs 23.0%). Overall, lower mean increases in all-cause prescription fills (11.3 vs 12.3;p=.09) and mental-health prescription fills (7.2 vs 8.0;p<.01) were observed for lurasidone than aripiprazole subjects. Additionally, mean differences in all-cause prescription costs ($2,388 vs $3,080;p<.01) and mental-health prescription costs ($2,123 vs $2,810;p<.01) were lower for lurasidone than aripiprazole subjects. Similar patterns of mean changes in prescription utilization and costs were found in commercial, Medicaid and Medicare subjects. **CONCLUSIONS:** In this national-US pharmacy-database analysis comparing subjects initiating branded AAPs, lurasidone subjects had fewer mean changes in all-cause and mental-health prescriptions and lower mean increases in associated costs than aripiprazole subjects.

PMH23

COST OF CARE OF AGITATION AND AGRESSION ASSOCIATED TO DEMENTIA IN 8 EUROPEAN COUNTRIES: RESULTS FROM THE RIGHT TIME PLACE CARE (RTPC) STUDY

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OBJECTIVES: Dementia is associated with high costs of national healthcare in European countries. Disruptive neuropsychiatric symptom (NPS) such as agitation and aggression (A/A), increase caregiver burden, lead to premature institutionalization and death, and increase dementia costs. The aim of this study is to estimate the incremental societal costs for Patients with Dementia (PwD) with A/A in both Community-Dwelling (CD) and long-term care (LTC) settings in 8 European countries. **METHODS:** This study uses data fromthe RightTimePlaceCare (RTPC) European project. Interviews using structured questionnaires are conducted with 2014 PwD and their primary informal caregivers. Direct and informal costs are estimated from a societal perspective. Resource utilization is assessed with the resource utilization in dementia instrument. Resource consumption is valued using unit costs for each country, the replacement cost approach (informal care) and retail prices (medication).To estimate incremental costs of A/A, costs for PwD with A/A are compared to costs for PwD without A/A in both settings. Special emphasis is placed on the main predictors of costs. **RESULTS:** 2002 patients completed agitation item into the NeuroPsychiatric Inventory-Questionnaire at baseline (i.e. 1219 CD and 883 LTC). For CD patients with A/A societal costs are 2,472€ for one month vs. 2,144€ for patient without A/A (p=0.002). Incremental costs of A/A for CD patients are mainly due to informal costs and inpatient costs which are+174€ (p=0.015) and +113€ (p=0.048), respectively. For LTC patients with A/A societal costs are 4,730€ for one month vs. 4,166€ for patients without A/A (p=0.003). Incremental costs of A/A for LTC patients are mainly due to nursing home costs and outpatient costs which are +353€ (p=0.003) and +148€ (p=0.000), respectively. **CONCLUSIONS:** A/A in PwD living at home or in LTC setting increase societal costs by 15%.

PMH24

HEALTHCARE RESOURCE UTILIZATION AND COSTS ASSOCIATED WITH PALIPERIDONE PALMITATE VERSUS ORAL ATYPICAL ANTIPSYCHOTICS AMONG PATIENTS WITH SCHIZOAFFECTIVE DISORDER

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OBJECTIVES: Schizoaffective disorder, with both mood and psychotic symptoms, may necessitate different treatment than other schizophrenia subtypes. Long-acting injectable antipsychotics may reduce hospitalizations among schizophrenia patients but generalizability to schizoaffective disorder is unclear. This study com-